

**DoD Medical Examination Review Board  
8034 Edgerton Drive, Suite 132  
USAF Academy, Colorado 80840-2200**

**HEADACHE QUESTIONNAIRE**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Please complete the questions below regarding history of headaches and return this form to DoDMERB to the above address: If more space is needed, please use back of form and identify each issue by question number.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1) How often have your headaches occurred during the last 2 years? (e.g., daily, weekly, quarterly, every six months, etc.): \_\_\_\_\_

2) When headaches occur, what are their frequency? (e.g., once a day, twice, three times, other, etc.): \_\_\_\_\_

3) How long do the headaches usually last? (e.g., 1 hour, 6 hours, etc.): \_\_\_\_\_

4) Have you ever taken any medications for your headaches? If so, please explain in detail (e.g., what medication(s), usual dose, effectiveness of medication(s) etc.): \_\_\_\_\_

5) How do headaches interfere with your normal activities (be specific)? \_\_\_\_\_

6) Have you seen a physician or other medical provider for your headaches? If so, what were the findings? \_\_\_\_\_

7) List any other pertinent information regarding your headaches: \_\_\_\_\_

8) Certification: By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Headache Questionnaire